

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re: Daniel Lyakovetsky Confirmation No.: 6861  
 Appl. No.: 10/798,999 Group Art Unit: 3626  
 Filed: March 12, 2004 Examiner: Rappillo, Kristine K.  
 For: INSURANCE CLAIM INFORMATION SYSTEM

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Transmitted herewith is an AMENDMENT in the above-identified patent application.

☐ Applicant claims small entity status. See 37 C.F.R. § 1.27.

The fee has been calculated as shown below:

| (COL. 1)   |      | (COL. 2)                           | (COL. 3)      | SMALL ENTITY     |            | OTHER THAN A SMALL ENTITY |            |
|--|------|------------------------------------|---------------|------------------|------------|---------------------------|------------|
| CLAIMS REMAINING AFTER AMENDMENT                                   |      | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE             | ADDIT. FEE | OR RATE                   | ADDIT. FEE |
| TOTAL  | * 31 | ** 20                              | = 11          | X 26=            | \$         | X 52=                     | \$ 572     |
| INDEP  | * 7  | *** 6                              | = 1           | X 110=           | \$         | X 220=                    | \$ 220     |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |      |                                    |               | +195=            | \$         | +390=                     | \$         |
|  |      |                                    |               | TOTAL ADD FEE \$ |            | OR TOTAL                  | \$ 792     |

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

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- ☒ Please charge Deposit Account No. 16-0605 in the amount of \$792.
- ☐ A check in the amount \$      to cover the additional fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiency in payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0605.
- ☒ Any additional filing fees required under 37 C.F.R. § 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,



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